

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035173

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1161

VS 300
Rev. 4/59

1 5117

2 0020

3

4 1

5 1

6

7 0

8 1

9 200

10

11

12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 7 1963

PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Joseph

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Missouri Methodist

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN RFD # 1, Union Star

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

7 miles Northwest

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Mabel

Kowitz

4. DATE OF DEATH

Month

Day

Year

September 29, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-17-93

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

Andrew County, Mo.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

James L. Patterson

13b. MOTHER'S MAIDEN NAME

Ida Linchfield

14. NAME OF HUSBAND OR WIFE

Henry J. Kowitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

9

17. INFORMANT

Henry J. Kowitz, Union Star, Mo.

R. F. D. # 1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-sclerotic heart disease with congestive failure

INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-19-61 to 9-29-63 and last saw her alive on 9-29-63. Death occurred at 9:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Savannah, Missouri

22c. DATE SIGNED

10-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

9-29-63

23c. NAME OF CEMETERY OR CREMATORY

Savannah Cemetery

23d. LOCATION (City, town, or county)

Savannah, Missouri

(State)

24. FUNERAL DIRECTOR

BREIT & HAWKINS

ADDRESS

SAVANNAH

25. DATE RECD. BY LOCAL REG.

Oct. 3, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit used 9-29-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.